



DANIEL C. O'LEARY  
CHIEF OF POLICE

# BROOKLINE POLICE DEPARTMENT

*Brookline, Massachusetts*

## **Brookline Police Department Citizen Complaint Appeal Form**

Your complaint, filed on \_\_\_\_\_ was categorized as Class \_\_\_\_\_. The Chief of Police has issued a finding of \_\_\_\_\_. (For a list of the categories and their definitions, please refer to the description of the complaint process furnished you at the time you filed your complaint or check the Police Department website: [www.brooklinema.gov/police](http://www.brooklinema.gov/police), or telephone the Police Department at 617-731-2255)

In the event you are dissatisfied with the Police Chief's finding on your complaint against an officer or policy of the Brookline Police Department, you have the right to appeal to the Board of Selectmen for a review of that finding. The classification of the complaint may also be the reason for such an appeal.

This appeal must be filed in writing using this form within 21 days of the Chief's notice of the finding. This form must be mailed or delivered to the following address:

Board of Selectmen  
Town Hall  
333 Washington Street  
Brookline, MA 02445

As part of this appeal process, you are entitled to make an informal presentation before the Board of Selectmen or to have a representative make such a presentation on your behalf. The entire appeal process is set out in the Police Department's policy entitled "Process for Police Department Discipline and Selectmen's Review" which can be accessed through the Police Department's website.

As part of this appeal process, the Board of Selectmen will conduct a thorough review of your complaint, the subsequent investigation, any documents submitted, as well as any comments made at the informal presentation stage, and will, by a majority vote, decide on what action to take on your appeal.

**CASE NO.**\_\_\_\_\_

**DATE OF COMPLAINT FILED:** \_\_\_\_\_

### Complainant Information

Today's Date: \_\_\_\_\_

Name\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Basis of Appeal:** Why do you think the finding or decision was inadequate or unfair? Was there any evidence or witness overlooked? Please provide or attach a written statement explaining your reasons in support of your appeal.

[illegible]

